U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FOR NUMBER EXTRA RATE NUMBER FILED RATE FEE FEE BASIC FEE \$385.0 \$770,0 (37 CFR 1.16(a)) OR TOTAL CLAIMS x \$9.0 x \$180= minus 20 = (37 CFR 1.16(c)) OR INDEPENDENT CLAIMS x \$43.0= x \$ 86.0= (37 CFR 1.16(b)) minus 3 = OR + \$290.= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) (Column 2) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT RATE REMAINING NUMBER RATE ADDI-ADDI-AMENDMENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Minus Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus x \$ 86 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST മ PRESENT RATE REMAINING NUMBER RATE ADDI-ADDI-**EXTRA** AFTER AMENDMENT **PREVIOUSLY** TIONAL TIONAL. AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST RATE \circ NUMBER PRESENT RATE ADDI-ADDI-REMAINING **EXTRA** TIONAL NDMENT **PREVIOUSLY** TIONAL AFTER AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus Ш OR Z + \$290 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". in the imignest Number Previously Paid For IN THIS SPACE is less than 3, enter 20.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application	or Docket Number
70/	084407
J/Q	75 48(C)

CLAIMS AS FILED - PART (Column 1)			(Column 2)			SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY			
TOTAL CLAIMS		1				Γ	RATE	FEE	1	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		Ε	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			ll min	minus 20= *		•		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 2 minu				nus 3 =	: *			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL		OR	TOTAL	740	
4/92 02 (Column 1) (Column 2) (Column 3)						3	SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	<u>.</u>	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* //	Minus	** &	00	•		X\$ 9=		OR	X\$18≃	-
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	FIRST PRESE	NIATION OF INC	CLAIN			+140=.		OR	+280=	J		
n	1						A.C	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	~
<u>5</u>	1-04	(Column 1)		(Colu		(Column 3)						
AMENDMENT B	:	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· //	Minus	** &	20	=		X\$ 9=		OR	X\$18=	_
AME	Independent	NTATION OF MU	Minus	***	3 ECLAIM	= -	T	X42=		OR	X84=	,
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							ΑE	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE)
3	-29-04	(Column 1)	12 07	(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* //	Minus	** &	20	= _		X\$ 9=		OR	X\$18=	_
	Independent	* 3	Minus	###	<u>3</u>	-		X42=		OR	X84=	
L	FINST PRESE	INTATION OF MI	JUIPLE DEF	-CIADEIA	CLAIM			+140=		OR	+280=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL									TOTAL	<u></u>		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***Tif the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												